

City of Bloomington

Housing & Neighborhood Development

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Information Sheet

**Social Service Funding Applications for
CARES Act Community Development Block Grant Program
Special Program Funding**

Application is due June 1, 2020, by 4:00 p.m.

Housing & Neighborhood Development Department (HAND)

General Instructions:

1. All applications must be typed. Font size shall be at least 12 points.
2. Please respond to each section of the application as clearly and concisely as possible.
3. Please confine your responses to the space provided and provide both narrative and quantitative information in describing your organization/agency and the program for which funding is being sought. Do not attach additional sheets, except requested financial information.
4. Include your DUNS NUMBER on your application.
5. **Submit the completed application electronically to hand@bloomington.in.gov with subject line stating “CDBG COVID-19 APPLICATION”.**
6. All applications must be received by the due date at the Housing and Neighborhood Development Department (HAND). **LATE APPLICATIONS WILL NOT BE ACCEPTED.**

Funding Requirements:

1. In accordance with Federal law, to be considered for funding, the agency must have an affirmative action plan, be incorporated, have an accounting system compatible with Federal Regulations, and eliminate any provision or practices that discriminate or has the effect of discriminating. You will be required to turn in your agencies' affirmative action plan to the City

of Bloomington Human Rights Department prior to the release of any funding. For assistance, please contact Human Rights at 349-3429. **Current recipients need not submit a new plan.**

2. Agencies will need to supply HAND with a copy of the most recent Audit, including the Management Letter, prior to the release of any funding. **Current recipients need not submit this information.**

3. Only one application for funding per agency for Social Services will be accepted. Joint applications, however, are allowed as standalone or secondary applications not counting toward this limit.

4. Community Development Block Grant (CDBG) funds must be used to provide services to income eligible City of Bloomington residents only. Please refer to the CDBG Program Guidelines (included at the end of these instructions) for Determining Eligibility to ensure that your program can adhere to eligibility requirements.

5. Requests for less than \$5,000.00 will not be considered. The maximum request considered is \$50,000.00 except for joint applications which shall have a limit of \$75,000..

6. Agencies funded will be required to provide program/client data as required by the federal Housing and Urban Development (HUD) Department including monthly program statistics during the program period or the fiscal period covered by the CARES Act, whichever is a longer period of time. Additionally, the agency must adhere to all federal recordkeeping requirements.

7. Agencies must be registered with System for Award Management (SAM) at the time of submitting an application and keep the registration up to date prior to the release of any funds. See <https://www.sam.gov>

8. Funding requested must prevent, prepare for or respond to the coronavirus pandemic and the activity must be eligible under the CDBG program rules and guidelines.

Application Instructions:

1. Organizational Questions –

Beginning questions are specific to the covid-19 pandemic. Funding for this application period comes from the Coronavirus Aid, Relief, and Economic Security (CARES) Act. As such, your agency must show an impact due to covid-19 to be eligible for funds. In addition, funds requested must be used to prevent, prepare for, and respond to the coronavirus.

New methods of service delivery: funding available cannot be used as bridge funding. Your agency must describe a new or increased level of service being provided, even if that means providing more of your standard services than what would typically be provided during this time.

2. Organizational History –

If a new agency to HAND funding, please provide a brief description of your mission and impact within Bloomington. Tell us about your agency. Also, provide a roster of your Board of Directors.

3. Funds Utilization –

Please list what you intend to use this COVID-19 funding for, if awarded. How did you come to this determination? How is your organization posed to successfully deliver on your proposal; it is very important to show qualifications if a new agency to CDBG funding.. Would your agency be able to administer the activity with partial funding?

4. Evaluation Methodology/Outcome Measurement –

- a. Tell us about your program goal(s) in regard to an outcome, not simply an output, i.e. what change do you hope to see for the clients you will be serving.
- b. Describe your evaluation tool for this program. How will you measure and prove success?

5. Client Data –

Proposed Level of Activity:

1. Estimate how many clients you will serve if you receive the dollar amount of COVID-19 funding requested, including non-CDBG eligible.
 - a. What percent do you estimate will be City residents (this funding is specifically awarded for serving City residents)?
 - b. What percent do you estimate will be city residents and CDBG eligible (this is critical for our reporting obligations to HUD)?

6. Budget Information –

This only applies for agencies not currently receiving CDBG public service funds. If you have had problems complying with a grant in the past, be sure and indicate what you did to correct that problem and what reassurance HAND can have that you will not have compliance issues again.

7. Program Budget –

Fill out the budget worksheet showing your proposed funding budget for this COVID-19 funding.. Equipment purchases are not an eligible CDBG expense. In the column titled Amount of CDBG funds per line item, please tell us how much you expect CDBG to pay of each line item.

8. Funding Sources-

List all of the income and the source you anticipate utilizing toward your COVID-19 program efforts. Diversification of funding is looked upon favorably. Importantly, only provide your budget information for the particular program you are seeking funds for.

9. Staff –

List all staff for **THIS** program by title, not name. Please indicate full time (FT) or part time (PT), how many hours per week is charged to this program by this staff member, the amount of salary charged to this program for those hours, and whether or not any portion of this will be covered by CDBG funds.

CDBG Program Guidelines for Determining Eligibility

An eligible social service program activity must be run by a 501(c)3 organization or a governmental entity. It also must primarily benefit low- and moderate-income households (see Income Guidelines below) that reside within the jurisdiction of the City of Bloomington.

The activity must meet one of the following qualifying criteria:

- a) The activity must exclusively serve a household in any one or a combination of categories generally presumed to be principally low and moderate income: abused children, battered spouses, elderly persons, adults meeting the Bureau of Census's definition of "severely disabled", homeless persons, illiterate adults, persons living with AIDS, and migrant farm workers; or
- b) Information must be required on household size and income to document that at least 51 percent of the clientele are persons whose household income does not exceed low- and moderate-income limits; or
- c) The activity must have income eligibility requirements that limit the activity exclusively to low- and moderate-income households; or
- d) The activities must be of such nature and in such location that it may be reasonably concluded that the activity's clientele will primarily be low- and moderate-income persons.

For Criteria b) or c) above, the following lists options to meet the household size and income documentation requirements. This is in addition to this information being self-reported by the household on an intake form, application, or CDBG Client Information Form for the service:

- i. Verification of public housing residency (i.e. Crestmont)
- ii. Verification of Housing Choice Voucher (Sect. 8) assistance
- iii. Copy of TANF or food stamp card or other benefit program
- iv. Copy of two months' worth of pay check stubs
- v. Copy of Social Security Benefit Amount letter or Social Security Verification form (see attached)
- vi. Employment Verification form (see attached)
- vii. Copies of ***signed*** federal or state tax forms or print out from IRS or Department of Revenue regarding last year's tax forms
- viii. Copies of W2s

The following are the **reporting requirements** for all programs funded with CDBG:

- 1. Collect a CDBG Client Information Form (or equivalent) from all households that receive or participate in the service being provided.
- 2. On a monthly basis during the CDBG special program term, provide an unduplicated count of clients who are city residents broken down by:
 - b) Race (see attached information on racial categories).

- c) Female Head of Household defined as adult female with no male significant other *with* dependents.
- d) Income at or below 30% area median income; between 30-50% area median income; and between 50-80% area median income (see Income Guidelines in application)
- e) Client Profile Reports (see sample below) must be filed monthly with claims.
- f) If you serve other agencies, each agency located in the city limits must provide your agency with unduplicated client count by income, race, and Female Head of Household.

Sample Monthly Client Profile Report:

Category	Total <i>NEW</i> Clients Served Program Year-to-Date (UNDUPLICATED COUNT)	
At or below 30% AMI		
Between 30 – 50% AMI		
Between 50 – 80% AMI		
Above 80% AMI		
Total		
Racial Categories/Ethnic Groups	Total served	Of total served, the total that are Hispanic
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native & White		
Asian & White		
Black/African American & White		
American Indian/Alaskan Native & Black/African American		
Other/Multi-racial		
Totals		
Female Head of Household Total		